# PART B - FEE(S) TRANSMITTAL

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36822 7590 07/13/2007

GORDON & JACOBSON, P.C.
60 LONG RIDGE ROAD
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STAMFORD, CT 06902

10/22/2007 FMETEKI2 00000042 071732 10686285
01 FC:1501 40.00 DA 1400.00 OP

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|---|---|---|---|
| 10/686,285 | 10/15/2003 | Javier Castaneda | HAN-021 B | 7093 |

TITLE OF INVENTION: GAUGE SYSTEM FOR USE IN IMPLANTATION OF A FRACTURE FIXATION DEVICE

10/19/2007 EHAILE2 00000025 10686285
01 FC:1501 300.00 OP
02 FC:1806 3.00 OP
1400.00 OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|---|---|---|---|---|---|
| nonprovisional | ~~YES~~ NO | ~~$700~~ 1400 | $300 | $0 | ~~$1000~~ $1700 | 10/15/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---|---|---|
| SAN MIGUEL, ANITZA M | 3733 | 606-102000 |

Adjustment date: 10/22/2007 FMETEKI2
10/19/2007 EHAILE2 00000025 10686285
03 FC:1506 -1400.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Gordon & Jacobson, PC
2 _____
3 _____

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: DePuy Products, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY): Warsaw, IN

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:
☒ Issue Fee
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5. **Change in Entity Status** (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____ Date 10/9/07

Typed or printed name David S. Jacobson Registration No. 39,235

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